

Nirav R. Shah, M.D., M.P.H.  
Commissioner

**NEW YORK**  
*state department of*  
**HEALTH**

Sue Kelly  
Executive Deputy Commissioner

September 6, 2011

Barry Elkayam  
New York City Department of Education  
52 Chambers Street, Room 319  
New York, NY 10007

Dear Mr. Elkayam:

The purpose of this letter is three-fold: to clarify requirements for written orders/written referrals for the School Supportive Health Services Program (SSHSP); remind the New York City Department of Education about SSHSP training requirements; and to request that NYCDOE submit SSHSP policies, procedures and forms that will be used to support its implementation of the SSHSP under State Plan Amendment (SPA) #09-61, including written orders, session notes, and other documentation. Written guidance for the SSHSP is posted on SED's Medicaid-in-Education website and includes the current SSHSP State Plan Amendment, interim billing and claiming guidance, and an extensive series of Questions & Answers.

Medicaid Alert #11-02, issued April 22, 2011, notified providers that claiming for the School Supportive Health Services Program had resumed, and indicated that school districts, counties, and § 4201 schools may submit claims for appropriately documented school supportive health services with dates of service on or after September 1, 2009. As a reminder, documentation supporting the provider's right to bill Medicaid must be in place prior to the submission of claims for Medicaid reimbursement. Required documentation includes:

- Verification of medical necessity (e.g., written order/referral),
- Verification that the service was provided by a Medicaid qualified provider, including documentation of fulfillment of "under the direction of" or supervision requirements,
- A contemporaneous record of each encounter, and
- An Individualized Education Program (IEP) which identifies the service being billed.

### **Written Orders/Written Referrals**

It has come to our attention that the NYCDOE "Speech Authorization Form" that was used for SSHSP documentation purposes prior to July 1, 2009 is continuing to be utilized. Please note that the Speech Authorization Form (enclosed) does not contain all of the required components of a written order/written referral.

Although the Speech Authorization Form was allowed under a NYC Corrective Action Plan for services furnished prior to July 1, 2009 (under the former SSHSP SPA), it does not meet the requirements under the current SSHSP SPA #09-61 and must, therefore, be revised. Specifically, the enclosed Speech Authorization Form does not include the diagnosis and/or reason/need for recommended service, the ordering/referring provider's contact information, nor the time period for which services are being ordered. Complete written orders/referrals must be in place prior to the delivery and billing of Medicaid reimbursable services. Only written orders/referrals that meet the requirements under SPA #09-61 are acceptable for services furnished on or after September 1, 2009.

SSHSP Question and Answer (Q&A) #32, excerpted below, specifies the required components of a written order or written referral.

The written order must include:

- The name of the child for whom the order is written;
- The complete date the order was written and signed;
- The service that is being ordered;
- Provider's contact information (office stamp or preprinted address and telephone number);
- Signature of a NYS licensed and registered physician, a physician assistant, or a licensed nurse practitioner acting within his or her scope of practice (for psychological counseling services this also includes an appropriate school official and for speech therapy services, a speech-language pathologist\*);
- The time period for which services are being ordered;
- The ordering practitioner's National Provider Identifier (NPI) or license number; and,
- Patient diagnosis and/or reason/need for ordered services.

\*In addition, for purposes of the SSHSP, where written referrals are permitted (e.g., speech therapy services, psychological counseling services), the written referral must include the information listed above.

### **Relevant Employee Listings and SSHSP Training Requirement**

As Medicaid Alert #11-02 indicates, school districts and counties, including the New York City Department of Education, cannot resume billing for school supportive health services provided on or after September 1, 2009 until the relevant employee training requirement is met. We understand from the State Education Department (SED) that the New York City Department of Education (NYCDOE) has submitted a complete listing of the NYCDOE's relevant employees, and that SED has determined that NYCDOE relevant employees have met the mandatory training requirement.

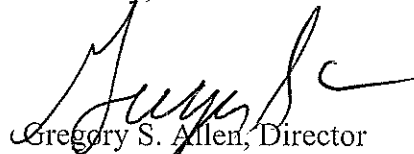
### **SSHSP Policies, Procedures and Forms**

In order to ensure that NYCDOE is prepared to submit SSHSP claims that meet the requirements under SPA #09-61, we request that NYCDOE forward its SSHSP policies, procedures and forms that will be used to support its implementation of the program under SPA #09-61 no later than October 17, 2011.

Policies and procedures must address how medical necessity will be established, how NYCDOE will verify that school supportive health services were provided by a Medicaid qualified provider, including meeting "under the direction of" or supervision requirements as relevant, and how documentation requirements will be met, including written orders, written referrals, contemporaneous session notes, the Individualized Education Program (IEP), and any other relevant documentation NYCDOE will use to support SSHSP claims. Include information on how IEPs and other required documents will be made available for review/audit purposes.

Please contact Connie Donohue at 518-473-2160 if you have questions or require additional information.

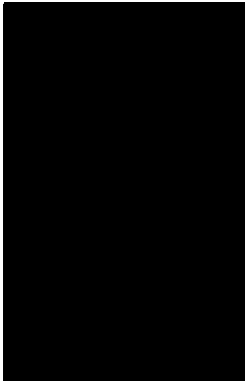
Sincerely,



Gregory S. Allen, Director  
Division of Financial Planning and Policy  
Office of Health Insurance Programs

Enclosure

cc:



**Authorization Form A  
(Revised 8/07)**

CFN \_\_\_\_\_

DOE Speech Provider \_\_\_\_\_

District \_\_\_\_\_

Contract Agency \_\_\_\_\_

Independent Provider \_\_\_\_\_

**SPEECH AUTHORIZATION**

I authorize that Speech Therapy be provided for:

First Name

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Last Name

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Date of Birth

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OSIS

--	--	--	--	--	--	--	--	--

School

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in accordance with the frequency and duration as indicated on the Individualized Education Program (IEP).

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NYS Licensed Speech Pathologist  
Print Name

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Date

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NYS Licensed Speech Pathologist  
NYS License # \_\_\_\_\_  
Speech Authorization Signature

A COPY MUST BE MAINTAINED AT THE SCHOOL